



Neighborhood Health Plan of Rhode Island

2008/2009 Influenza & Pneumococcal Billing and Reimbursement

Adults 19-65	Influenza	Pneumococcal
CPT code for vaccine	90658 – split vaccine 90660 – flu Mist	90732
CPT code for administration	90471 – first vaccine – 90472 – each subsequent 90473 – first dose of Flu Mist	90471 – first vaccine 90472 – any additional vaccines
Form to use	1500 or electronic billing NHPRI 299 Promenade Street Providence, RI 02908	1500 or electronic billing NHPRI 299 Promenade Street Providence, RI 02908
Things to remember	*Use diagnosis according to service rendered *No authorization required *Not a covered benefit at public clinics <i>*If vaccine is state-supplied, billed amount for vaccine should reflect \$0.0 or \$.50.</i> <i>*If vaccine is state-supplied, provider must bill for both vaccine and administration of vaccine in order to receive payment for the administration of vaccine.</i>	*Use diagnosis according to service rendered. *No authorization required <i>If vaccine is state-supplied, billed amount for vaccine should reflect \$0.00 or \$.50.</i> <i>*If vaccine is state-supplied, provider must bill for both vaccine and administration of vaccine in order to receive payment for the administration of vaccine.</i>

Children, under age 18	Influenza	Pneumococcal
CPT Code for vaccine	90657 – 6-35 months 90658 – older than 3 90660 – Flu Mist	90732
CPT code for administration	90471 – first vaccine 90472 – any additional vaccines 90473 – first dose of Flu Mist 90474 – second dose (if needed)	90471 – first vaccine 90472 – any additional vaccines
Form to use	1500 or electronic billing NHPRI 299 Promenade Street Providence, RI 02908	1500 or electronic billing NHPRI 299 Promenade Street Providence, RI 02908
Things to remember	*Use diagnosis according to service rendered. *No authorization required. <i>*If vaccine is state-supplied, billed amount for vaccine should reflect \$0.00 or \$.50.</i> <i>*If vaccine is state-supplied, provider must bill for both vaccine and administration of vaccine in order to receive payment for the administration of vaccine.</i>	*Use diagnosis according to service rendered. *No authorization required. <i>*If vaccine is state-supplied, billed amount for vaccine should reflect \$0.00 or \$.50.</i> <i>*If vaccine is state-supplied, provider must bill for both vaccine and administration of vaccine in order to receive payment for the administration of vaccine.</i>

If you have any questions please contact NHPRI at 459-6020.

***Flu and pneumococcal shots are not a covered benefit for Extended Family Planning members.**
Group number 1400 and 1450 can identify these members